Los Angeles Police Department

HATE CRIME SUPPLEMENTAL REPORT

BKG # _____

Page ____ of ____

DR # _____

VICTIM

Victim Type:

☐ Individual Legal name: (Last, First) _____

Other Names used (AKA): _____

☐ School, business or organization Name: _____

Type: _____ (e.g., non-profit, private, public school)

Address: _____

☐ Faith-based organization Name: _____

Faith: _____

Address: _____

Target of Crime (Check all that apply):

☐ Person ☐ Private property ☐ Public property

☐ Other: _____

Nature of Crime (Check all that apply):

☐ Bodily injury ☐ Threat of violence

☐ Property damage

☐ Other crime: _____

Property damage - estimated value: _____

BIAS

Type of Bias:

(Check all characteristics that apply):

☐ Disability
☐ Gender
☐ Gender identity/expression
☐ Sexual orientation
☐ Race
☐ Ethnicity
☐ Nationality
☐ Religion
☐ Significant day of offense (e.g., 9/11, holy days)
☐ Other: _____

Specify disability (be specific):

_____

_____

_____

Actual or Perceived Bias - Victim's Statement

☐ Actual bias [Victim actually has the indicated characteristic(s)].

☐ Perceived bias [Suspect believed victim had the indicated characteristic(s)].

If perceived, explain the circumstances in narrative portion of Report.

Reason for Bias:

Do you feel you were targeted based on one of these characteristics?

☐ Yes ☐ No Explain in narrative portion of Report.

Do you know what motivated the suspect to commit this crime?

☐ Yes ☐ No Explain in narrative portion of Report.

Do you feel you were targeted because you associated yourself with an individual or a group?

☐ Yes ☐ No Explain in narrative portion of Report.

Are there indicators the suspect is affiliated with a Hate Group (i.e., literature/tattoos)?

☐ Yes ☐ No Describe in narrative portion of Report.

Are there Indicators the suspect is affiliated with a criminal street gang?

☐ Yes ☐ No Describe in narrative portion of Report.

Bias Indicators (Check all that apply):

☐ Hate speech ☐ Acts/gestures ☐ Property damage ☐ Symbol used

☐ Written/electronic communication ☐ Graffiti/spray paint ☐ Other: _____

Describe with exact detail in narrative portion of Report.

HISTORY

Relationship Between Suspect & Victim:

Suspect known to victim? ☐ Yes ☐ No

Nature of relationship: _____

Length of relationship: _____

If Yes, describe in narrative portion of Report.

☐ Prior reported incidents with suspect? Total # _____

☐ Prior unreported incidents with suspect? Total # _____

Restraining orders? ☐ Yes ☐ No

If Yes, describe in narrative portion of Report.

Type of order: _____ Order/Case #: _____

WEAPONS

Weapon(s) used during incident? ☐ Yes ☐ No Type: _____

Weapon(s) booked as evidence? ☐ Yes ☐ No

Automated Firearms System (AFS) Inquiry attached to Report? ☐ Yes ☐ No

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EVIDENCE

Witnesses present during incident? ☐ Yes ☐ No Statements taken? ☐ Yes ☐ No

Evidence collected? ☐ Yes ☐ No

Photos taken? ☐ Yes ☐ No

Total # of photos: _____ D #: _____

Taken by: _____ Serial #: _____

Recordings: ☐ Video ☐ Audio ☐ Booked

Suspect identified: ☐ Field ID ☐ By photo

☐ Known to victim

OBSERVATIONS

VICTIM	SUSPECT
☐ Tattoos	☐ Tattoos
☐ Shaking	☐ Shaking
☐ Unresponsive	☐ Unresponsive
☐ Crying	☐ Crying
☐ Scared	☐ Scared
☐ Angry	☐ Angry
☐ Fearful	☐ Fearful
☐ Calm	☐ Calm
☐ Agitated	☐ Agitated
☐ Nervous	☐ Nervous
☐ Threatening	☐ Threatening
☐ Apologetic	☐ Apologetic
☐ Other observations: _____	☐ Other observations: _____

ADDITIONAL QUESTIONS (Explain all boxes marked "Yes" in narrative portion of report):

Has suspect ever threatened you?	☐ Yes	☐ No
Has suspect ever harmed you?	☐ Yes	☐ No
Does suspect possess or have access to a firearm?	☐ Yes	☐ No
Are you afraid for your safety?	☐ Yes	☐ No
Do you have any other information that may be helpful?	☐ Yes	☐ No

Resources offered at scene: ☐ Yes ☐ No Type: _____

MEDICAL

Victim	Suspect	
☐	☐	Declined medical treatment
☐	☐	Will seek own medical treatment
☐	☐	Received medical treatment

Authorization to Release Medical Information, Form 05.03.00, signed? ☐ Yes ☐ No

Paramedics at scene? ☐ Yes ☐ No Unit #: _____

Name(s)/ID #: _____

Hospital: _____

Jail Dispensary: _____

Physician/Doctor: _____

Patient #: _____

Reporting Officer (Name/Rank)	Date	Serial #	Division/Detail
Reporting Officer (Name/Rank)	Date	Serial #	Division/Detail
Supervisor Approving (Name/Rank)	Date	Serial #	Division/Detail